

1933

Damaged Document(s)

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 159	
County <u>Mammoth</u>	District <u>Prescott</u>	County Registered No. <u>301</u>	
Town <u>Liberty</u>	Or City	Local Registrar's No. <u>28</u>	
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Bonnie D. Wheeler</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Black Chinese Mexican	DATE OF DEATH <u>July 5</u> 19 <u>23</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Nov 25</u> 19 <u>22</u> (Month) (Day) (Year)	SINGLE MARRIED WIDOWED DIVORCED	I hereby certify, that I attended deceased from <u>Birth</u> 19 <u>22</u> to <u>July 1</u> 19 <u>23</u> ; that I last saw him alive on <u>July 1st</u> 19 <u>23</u> , and that death occurred on the date stated above at <u>6:30 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Paralysis of Heart May be 2 weeks duration</u>	
AGE <u>2 yrs. 2 mos. 10 days</u> hrs., or min.	OCCUPATION (a) Trade, profession or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed or (employer)	Was disease contracted in Arizona? <u>yes</u>	
BIRTHPLACE (State or country) <u>Ariz</u>	NAME OF FATHER <u>Bonnie D. Wheeler</u>	CONTRIBUTORY (Duration) yrs. mos. days	
BIRTHPLACE OF FATHER (State or country) <u>Germany</u>	MAIDEN NAME OF MOTHER <u>Elizabeth Kitch</u>	(Signed) <u>H. J. Felch</u> July 5 1923 (Address)	
BIRTHPLACE OF MOTHER (State or country) <u>Germany</u>	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Bonnie D. Wheeler</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PLACE OF BURIAL OR REMOVAL <u>Paloverde</u>	DATE OF BURIAL OR REMOVAL <u>July 6</u> 19 <u>23</u>	LENGTH OF RESIDENCE At place of death yrs. mos. ds. In Arizona yrs. mos. ds.	
UNDERTAKER <u>Famulya</u>	ADDRESS <u>Liberty</u>	Former or Usual Residence <u>Liberty</u>	
		Filed <u>July 5th 1923</u> Local Registrar <u>HARRY J. FELCH, M.D.</u> County Registrar	